



U.S. Department of State
**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
 OF A CITIZEN OF THE UNITED STATES OF AMERICA**

OMB NO. 1405-0011
 EXPIRES: 03/31/2019
 Estimated Burden: 20 minutes

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD (USE SECTION D CONTINUATION SHEET)

INFORMATION ABOUT THE CHILD

1. Name of Child in Full

SMITH

(Last/Surname)

JOHN

(First)

KNABENA

(Middle)

2. Sex

☒ M ☐ F

3. Date of Birth

01/01/2017
 (month) (day) (year)

4. Place of Birth

ACCRA
 (City)

GHANA
 (Country)

NOTE: (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)

INFORMATION ON MOTHER/FATHER/PARENT

5. Full Name

SMITH

(Last/Surname)

MARK

(First)

(Middle)

6. All Previous Legal Names Used

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

7. Sex

☒ M ☐ F

8. Date of Birth

04/03/1979
 (month) (day) (year)

9. Place of Birth

ACCRA

(City)

(State/Province)

Ghana

(Country)

10. Current Physical Address (Do not list P.O. Box)
 (A.P.O. Address Permitted)

12 North St

(Address Line 1)

New York, NY, USA

(City, State/Province, Country, Postal Code)

347-111-323

(Phone Number(s))

MARKSMITH@GMAIL.COM

(Email Address)

Use this address if Consular Report of Birth
 will be mailed?

☐ Yes ☒ No

INFORMATION ON MOTHER/FATHER/PARENT

11. Full Name

AGYEMANG

(Last/Surname)

DORIS

(First)

NANA

(Middle)

12. All Previous Legal Names Used

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

13. Sex

☐ M ☒ F

14. Date of Birth

01/10/1982
 (month) (day) (year)

15. Place of Birth

KUMASI

(City)

(State/Province)

Ghana

(Country)

16. Current Physical Address (Do not list P.O. Box)
 (A.P.O. Address Permitted)

HOUSE # C11/12

(Address Line 1)

KUMASI, GHANA

(City, State/Province, Country, Postal Code)

0244-404-104

(Phone Number(s))

DAGYEMANG@YAHOO.COM

(Email Address)

Use this address if Consular Report of Birth
 will be mailed?

☐ Yes ☒ No

17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.)
 (You may list an A.P.O. address)

N/A

(Address Line 1)

N/A

(City, State/Province, Country and Postal Code)

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

18. Citizenship

Are you a U.S. Citizen or U.S. Non-Citizen National?

☒ Yes ☐ No

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

19. Citizenship

Are you a U.S. Citizen or U.S. Non-Citizen National?

☐ Yes ☒ No

MARITAL STATUS OF THE PARENTS

20. Were you married to the child's other biological parent when the child was born? ☐ Yes ☒ No

21. Date and Place of Marriage to the child's other biological parent and current status

____/____/____ (month) (day) (year) _____ (City) _____ (State/Province) _____ (Country)

☐ Still Married ☐ Divorced ____/____/____ (month) (day) (year) ☐ Death ____/____/____ (month) (day) (year)

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

22. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)

MARY SMITH 1/15/2002 - still married

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

23. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)

N/A

24. Precise Periods of Time in United States
(if additional space is needed, please use the Section D Continuation Sheet)

Place (City, State) Date (month-day-year) Date (month-day-year)

New York, NY	From 2/23/99	To 5/3/03
New York, NY	From 6/15/03	To 12/5/07
Boston, MA	From 1/15/08	To 11/3/12
New York, NY	From 12/6/12	To 2/8/14
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

25. Precise Periods of Time in United States
(if additional space is needed, please use the Section D Continuation Sheet)

Place (City, State) Date (month-day-year) Date (month-day-year)

	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

* TRIPS OUTSIDE OF THE U.S.:

5/3/03 - 6/15/03 - Ghana
12/5/07 - 1/15/08 - Canada
11/3/12 - 12/6/12 - Ghana

INFORMATION ON MOTHER/FATHER/PARENT

[illegible]

INFORMATION ON MOTHER/FATHER/PARENT

[illegible]

be signed in front of a notary public
_____ day of _____, _____ (if signed in the U.S.)
or in front a consular officer
(if being signed in Ghana) (SEAL)

(Continued)

**THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER
PERSON QUALIFIED TO ADMINISTER OATHS**

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information

Relationship to the Child
(Parent, Legal Guardian, Other (Specify))

Signature of Person(s) Providing Information

Type Name and Title of Official

Signature of Official

City

Date

_____ (month) (day) (year)

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

(Printed Name of Consular Officer)

(Signature of Consular Officer)

(Approving Post)

____ / ____ / ____
(month) (day) (year)
(Date of Approval)

(Registration Number)

C. FOR OFFICIAL USE

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

<input type="checkbox"/>	Child's Birth Certificate	____/____/____	____	____	____
		(month)(day)(year)	(City)	(Province)	(Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____	____/____/____	____	____
		(month)(day)(year)	(month)(day)(year)	(City)	(State)
		(File Date)	(Date of Issuance)		
		____	____	____	____
		(Province)	(Country)		
<input type="checkbox"/>	Divorce Decree(s)	(a) ____/____/____	____/____/____	____	____
		(month)(day)(year)	(month)(day)(year)	(City)	(State)
		(File Date)	(Date of Issuance)		
		____	____	____	____
		(Province)	(Country)		
		(b) ____/____/____	____/____/____	____	____
		(month)(day)(year)	(month)(day)(year)	(City)	(State)
		(File Date)	(Date of Issuance)		
		____	____	____	____
		(Province)	(Country)		
		(c) ____/____/____	____/____/____	____	____
		(month)(day)(year)	(month)(day)(year)	(City)	(State)
		(File Date)	(Date of Issuance)		
		____	____	____	____
		(Province)	(Country)		
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____	____	____	____
		(month)(day)(year)	(City)	(State)	
		(b) ____/____/____	____	____	____
		(month)(day)(year)	(City)	(State)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	____/____/____	____	____	____
		(Passport Number)	(month)(day)(year)	(Nationality)	
			(Date of Issuance)		
<input type="checkbox"/>	Mother/Father/Parent's Passport	____/____/____	____	____	____
		(Passport Number)	(month)(day)(year)	(Nationality)	
			(Date of Issuance)		
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	____	____	____/____/____	____
		(Name of the Citizenship Document)	(Document Number)	(month)(day)(year)	(Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	____	____	____/____/____	____
		(Name of the Citizenship Document)	(Document Number)	(month)(day)(year)	(Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	____	____	____/____/____	____
		(Name of the Identity Document)	(Document Number)	(month)(day)(year)	(Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	____	____	____/____/____	____
		(Name of the Identity Document)	(Document Number)	(month)(day)(year)	(Date of Issuance)
<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	____	____	____/____/____	____
		(Name of the Document)	(Document Number)	(month)(day)(year)	(Date of Issuance)